### V. S. No. 1.

### RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.

PLACE OF 5942 Village or City.....



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Ward)

[If death occurred in

FULL NAME Many Vingima	a mospital or losination, give its NAME lastead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, SWELL WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH  July 12", 191  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Mayor 27", 1914  (Month) (Day (Year)	that I last saw here alive on May 27', 1914,
7 AGE    If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, st
8 OCCUPATION (a) Trade, profession, or particular kind of work.	Entertir Folli eulo 80
(b) General nature of lodustry, business, or establishment in which employed (or employer)	(Ouration) yrs mos. 21 ds.
State or country) McWa' Co. W.A.	Secondary  (Doration) Y yrs X mas ds
10 NAME OF Edward Ordans.	(Signed) / Nrow, M.D.
11 BIRTHPLACE OF FATHER (State or country)  12 Main Main Main Main Main Main Main Main	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Wama Journs	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place × yrs. × mos. × ds. State × yrs. × mos. × ds
(Informat) Raymond James	Where was disease contracted, It not at place of death?  Former or usual residence.
(Address) Tolomac, N.d.	PPLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed,191REGISTRAR	20 UNDERTAKER DADDRESS
If more hlanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ehildbirth or misearrlage as "Puerperal septichaecause. Always qualify all diseases resulting from ete,, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For VIO-



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OCCUPATION

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See instructions on back

DEATH in plain terms. information should

RECORD

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1 PLACE OF DEATH

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

5943

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St :----Ward)

Ilf death occurred in a hospital or lostitution, give its NAME instead of street and number. 1

### PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED. WIDOWED. ORDIVORCEO DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than t day, O hrs. OR Omin. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) PARENTS 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) KNOWLEDGE (Intermant) 15

	L CERTIFICATE	OF DEATH
16 DATE OF DEATH	June	35 191
***************************************	(Month)	(Day (Year)
17 I HEREI	BY CERTIFY, That	I attended deceased from
	1914. to	, 191
that I last saw h	alive on	, 191
and that death occurred	on the date state	d above, at
The CAUSE OF DEATH	* was as follows:	
0/1		
12/1/	born	**************************
	***************************************	
***************************************		***********************************
***************************************	(Duration)	yrsmos
Secondary		
	(Buration)	yrsmos
2/2	3 Backle	/
(Signed)	1 2/1/1/1/1	Д
(oigilou)	anker at a transfer of the tra	personal management
		, , , , , , , , , , , , , , , , , , , ,
Juny 30, 191 4	(Address) Sa	the bung
Juny 30, 191 4	(Address) Sa	the bung
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	(Address) CAUSING DEATH, CAUSING OF INJURY;	or, in deaths from VIOLE and (2) whether Accide
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	(Address) CAUSING DEATH, CANS OF INJURY; CICIDAL.	the bung
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDE OR RECENT RESIDENTS At place	CAUSING DEATH, CANS OF INJURY; GICIDAL.	or, in deaths from VIOLE and (2) whether Accide
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of deathyrsmo	CAUSING DEATH, CANS OF INJURY; GICIDAL.  NCE (FOR HOSPITAL)  In the is	or, in deaths from Viole and (2) whether Accide s, Institutions, Transien
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death yrs. mo  Where was disease contracted	CAUSING DEATH, CANS OF INJURY; CICIDAL.  NCE (FOR HOSPITAL)  In the is	or, in deaths from VIOLE and (2) whether Accide s, Institutions, Transien yrs,
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death yrs mo	CAUSING DEATH, CANS OF INJURY; CICIDAL.  NCE (FOR HOSPITAL)  In the is	or, in deaths from VIOLE and (2) whether Accide s, Institutions, Transien yrs,
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death yrs, mo Where was disease contracted if not at place of death?	CAUSING DEATH, CANS OF INJURY; INCIDAL.  NCE (FOR HOSPITAL)  In the is	or, in deaths from VIOLE and (2) whether Accident S, INSTITUTIONS, TRANSIEN YES,
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death yrs mo  Where was disease contracted if not at place of death?  Former or	CAUSING DEATH, CANS OF INJURY; INCOME.  NCE (FOR HOSPITAL)  In the is	or, in deaths from VIOLE and (2) whether Accide s, INSTITUTIONS, TRANSIEN  yrs,
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death yrs. mo Where was disease contracted if not at place of death?  Former or usual residence.	CAUSING DEATH, CANS OF INJURY; INCOME.  NCE (FOR HOSPITAL)  In the is	or, in deaths from VIOLE and (2) whether Accide s, Institutions, Transien yrs,
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death yrs. mo  Where was disease contracted if not at place of death?  Former or usual residence.	CAUSING DEATH, CANS OF INJURY; INCOME.  NCE (FOR HOSPITAL)  In the is	or, in deaths from VIOLE and (2) whether Accide s, INSTITUTIONS, TRANSIEN  yrs,



[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING NEATI, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causino neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1	1 PLACE OF DEATH 5944	STATE OF MARYLAND
1	. Montry	CERTIFICATE OF DEATH,
Cou	inty	Registration Dist. No. 216
Villa	age or City Betheda (No. No. Pyry)	St.; Ward)  [It death occurred in a hospital or lostitution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF PEATH
3 SE	4 COLOR OBRACE SINGLE, MARRIED, WIDOWED, OR DIVENCED (Write the word)	(Month) (Day (Year)
6 DA	TE OF BIRTH May 23, 194	June 9 2 3 191 4 to June 9 25 9 24, 191 4.
7 AG		and that death occurred on the date stated above, atm,
(a)	Trade, protession, or include the first wind of work.	The CAUSE OF DEATH * was as follows:  (Malformalia & Plain
busin	General nature of industry, ness, or establishment in h employed (or employer)  ATHPLACE (State or country)	Contributory Intesting Obstacles
	10 NAME OF FATHER . James R. Barghansen	(Signed) // Chrowlden, M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
PAF	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
	informant) Butusta Mid	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL
15 File	Level 10 1 St. S. Souri News	Dasher glow Date of Burial  Coundertakes  120 UNDERTAKES  LED UCLUS  ADDRESS  Wash DC
	If more blanks are needed, address State Regist	trar, 6 P. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



V. S. No. 1.

N.B.

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1 PLACE OF DEATH

County Moralgomery
Village or City Griflow



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 217

.. Ward)

[It death occurred in a hospital or Institution, give Its NAME Instead ot street and number.]

2FULL NAME.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Single, Lingle WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Jule 18 , 1914  (Month) (Day (Year)	
7 AGE   It LESS than   t day,hrs.   ORmin, ?	and that death occurred on the date stated above, at
© OCCUPATION  (a) Trade, profession, or particular kind of work	
which employed (or employer)  BIRTHPLACE (State or country) Moulg, Co., Med.	Contributory Secondary (Duration) yrs mos ds.
OF FATHER Sauce Budd.  11 BIRTHPLACE OF FATHER (State or country) Morelg. Co. Med.	(Signed) Blica, Forgulary Co., M. D.  9-11-, 1914 (Address) Olicy Med.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Gertrude Brown  13 BIRTHPLACE OF MOTHER (State or country) Moulg. Co. Mod.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.  Where was disease contracted,
(Intermant) Lawred Boole  (Intermant) Lawred Boole	It not at place of death?
(Address) Greflou, Med.  Filed July 11-, 1914 Chas. Fargular REGISTRAR	Griffer Mod. Jewe 19-, 1914.  20 UNDERTAKER ADDRESS  Algy Mowthy - a friend Freshow, Mod
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when ueeded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is ludefinite): Tubereulessis of lungs, meninges, peritonaeum, etc., Carein-

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N. B.

### ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT should be stated EXACTLY. of information should be carefully supplied. ACE should be st DEATH in plain terms, so that it may be properly classified. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A T O CAUSE OF Important.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

		1		4	- 1	47
Registration	Dist	No		1		~
WAR INCIDER	P. 120.	110,000	-		-	

Vil	aFULL NAME / FLAT SAL	St.; Ward)    St.; Ward   In cean occurred to a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	ent de logy Single, Single, Married, Wilowed, Ordivaced (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 A	GE (Month) (Day (Year)  It LESS than t day, Chrs. OR (July 2)  OR (July 2)	that I last saw h alve on
(a pa (b) bus wh	CCUPATION ) Trade, protession, or Inficular kind of work ) General nature of industry, Siness, or establishment in Ich employed (or employer)  IRTHPLACE (State or country)	Que lo Municol aprico de Contributory par te
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) (Si
Δ.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds.  Where was disease contracted, It not at place of death?
16	(Address) Lay on None	Former or USUAL residence  19 PLACE OF BURIAL OR REMOVAL  Lat June Current  20 UNDERTAKER  ADDRESS
	REGISTRAR	Jot Dumes Kaylonsulle

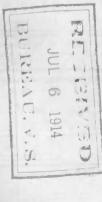
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (Recommendations on statement of (secondary or intercurrent) For VIO-



No. ó

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PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT stated EXACTLY. properly classified. 4 AGE should be UNFADING INK-THIS carefully supplied. that it ma WRITE PLAINLY, WITH should be instructions on back in piain terms, of information DEATH in pialr item CAUSE OF important. 0

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

S	t.:	W	ard)

[it death occurred in a hospital or institution, give its NAME instead

FULL NAME Mrs. Emily Jan	e / Durne of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Thile Single, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day), 1914
6 DATE OF BIRTH	September 1906, to some 24 1914
June 7, 1841	that I last saw h 122 alive on June 22 ,1914
7 AGE (Month) (Day) (Year)  7 AGE   It LESS than f day,hrs.   7 ds. ORmin. ?	and that death occurred on the date stated above, at 7 m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	Chrome Bronchitis
(b) General nature of Industry, business, or establishment in which employed (or employer)	Chronic Correlation 15 yrs. mos ds.
9 BIRTHPLACE (State or country) Maryland	(Secondary)  (Duration)  (Duration)  (Duration)  (Duration)
10 NAME OF Bell Hatking	(Signed) Leo. M. Dayer, M. D.
D 11 BIRTHPLACE OF FATHER Maryland (State or country)	State the Disease Causing Death, or, in deaths from Violent
2 12 MAIDEN NAME OF MOTHER SARAL POLICE	TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
(informant) Most. Dony Davis	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Danieveus, Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed	20 UNDERTAKER BOWMAN M. ADDRESS Md.

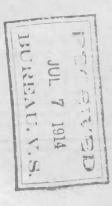
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Bealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcinosis of lungs, meninges, perifonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Turrperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemla," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Never report Examples:



S. No. 1.

N. B.

RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

PLACE OF DEATH

montgomery



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 217

St.;----Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

\*FULL NAME Clarence B. I Carroll.

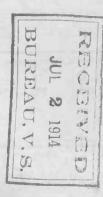
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 6 12 , 1914 (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
/0 22 ,1 % 69 (Year)	that I last saw h alive on
7 AGE it LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
BOCCUPATION	Duscile, Shiftery finis
(a) Trade, protession, or Janney	32 morgen faind of how after-
(b) General nature of Industry,	wands support whiter I vided
business, or establishment in which employed (or employer)	gomeile (Ouration) yrs mos ds
9 BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF FATHER IN. S. Camble	(Signed) (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 Mailden NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent
	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
a Calhaims E. Rot fitt.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Ins & B. J- tearrel	Former or
(Address) Sang Sping my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Sand Spins 6/18/ 10121
Flied 6-13-1914 Bliss: Fargeshar)	20 UNDERTAKER ADDRESS
REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons-engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are eugaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. It is a same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nuere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of



### RECORD 4 INK-THIS UNFADING WITH

state PHYSICIANS should of OCCUPATION IS EXACTLY. ciassified. properly AGI supplied. may carefully 20 terms, should piain Instructions Information = ō OF Every Item CAUSE OF Important. 0 ż

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ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. .Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I sttended deceased from DATE OF BIRTH Month (Day (Year) TAGE If LESS than and that desth occurred on the date stated above, a 1 day .....hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signes) 11 BIRTHPLACE (Addross) PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ State Where was disease contracted. If not at place of death? Former or usual residence 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

Ilf death occorred in

a hospital or institution.

give Its NAME Instead of street and nomber.]

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: "Foreman," 6

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: mere symptoms or terminal conditions, such as "Asdent; Revolver wound of head-homicide; Poisoned The contributory totanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUSSINGED

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### 1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION Is very PERSONAL AND STATISTICAL PARTICULARS Exact statement 3 SEX 4 COLOR OR RACE DATE OF BIRTH properly classified. (Month) TAGE BOCCUPATION (a) Trade, profession, or particular kind of work 22000 (b) General nature of industry, may be business, or establishment in which employed (or employer) certificate. State or country) that 10 NAME OF FATHER 80 ō ARENTS 11 BIRTHPLACE on back terms, OF FATHER (State or country) 12 MAIDEN NAME piain OF MOTHER See Instructions 13 BIRTHPLACE OF MOTHER (State or country) = 10 important. 15



(No ..

S SINGLE, MARRIED, WIDOWED, ORDIVERSED Write the word)

(Day)

MY KNOWLEDGE

REGISTRAR

If more blanks are needed, address State Regis er, & E. Franklin St., Balto. Requesting V. S. No. 1.

(Year

If LESS !

1 day,....

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

Exection St; Ward)	[If death occurred is a hospital or Institution give its NAME instead of street and nomber.]
MEDICAL CERTIFICATE OF DE	EATH
16 DATE OF DEATH  (Month)	12 , 1914 (Day) (Year)
June 10 , 1914, to June	
that I last saw h Edwalive on June	e:11 1914
The CAUSE OF DEATH* was as follows:	
	***************************************
Contributory (Secondary)	s
(Signed) All Miller	sds.
*State the DISEASE CAUSING DEATH, or, in de CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.	aths from VIOLENT whether ACCIDEN
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTION OF RECENT RESIDENTS) At place	TOTIONS, TRANSIENTS,  TS, MOS ds.  Lear James
Trous - S. TEMOVAL DE	TE OF BURIAL NE 13, 191 4
20 UNDERTAKER ADD	Fr. ATC

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of lilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," -Precise statement of occupa-

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-prospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronio cer" is less definite; avoid use of "Tumor" for mally ture of the Americau Medical Association.) cause of death approved by Committee on Nomencia. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from \_\_\_ (name orlgin; "Can Examples: For VIO-



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### PHYSICIANS should state of OCCUPATION is very may be properly classifled. Exact statement See instructions on back of certificate. DEATH in plain terms, so that it

6230 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St.: Ward) a hospital or Institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH \* was as follows: BOCCUPATION (a) Trade, protess particular kind of (b) General natura business, or esta ..ds. which employed (c 9 BIRTHPLACE (State or co .ds. 10 NAME FATHE 1. D. PARENTS 11 BIRTH OF FA (State ENT 12 MAIDER OF MC NTS. 13 BIRTHE OF MO (State 20 THE ABOVE (Intermant) -----

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e of Industry, ablishment in or employer)	(Duration) / // yrs mos.
ountry) Maryland	Secondary (Duration) / yrs 5 mos
PLACE	(Signed) & described Charles , A
N NAME	*State the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accir Tal, Suicidal, or Homicidal.
PLACE THER OF COUNTRY) IN AMOUNT	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)  At place in the of death 2 yrs, mos. state yrs, mos.
IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence Danas Aran Mod
17 websille, Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NEWS Per Riell Md June 22 191
,191 REGISTRAR	20 UNDERTAKER ADDRESS W. P. Crimbohren Respilled
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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PHYSICIANS should state of OCCUPATION is very statement Exact be stated classified. P properly ш AG be supplied may certificate. carefully that it 80 0 Pe back terms, should plain Instructions Information 2 EATH Ö 0 item 9 mportant. Every It

STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2/5 [If death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. 191.4 WIDDWED, (Month) (Day) (Year) OR OLVORGED I HEREBY CERTIFY, That I attended deceased from (Day) (Year) (Month) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day, .....hrs. OR ..... nin. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN. 12 MAIDEN NAM TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State or country \_\_\_\_ yrs. .... mos. State Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

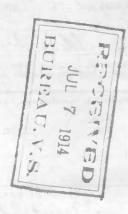
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head—homicide; Poisoned by carbolic and—probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PURPPERAL scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 de: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) sepsis, tetanus injury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ter" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of (name origin; "Can State cause for Examples:



### PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT tated ciassified. pino properly INK pe UNFADING liddns may 20 terms, plain = DEATH WRITE Jo 10 Every item CAUSE OF Important.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... Ilf death occurred in -Ward) a hospital or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. Manual WIDDWED, (Write the word) (Month) (Dav I HEREBY CERTIFY, That I attanded deceased from 17 6 DATE OF BIRTH (Month) (Day (Yéar) TAGE It LESS than t day ......hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death \_\_\_\_ yrs. \_\_\_\_ mos. \_ State \_\_\_\_\_ yrs, \_\_ Where was disease contracted. It not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) .... 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Lequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the piscase Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation - Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

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V. S. No. 1.

. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every Item of Information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

1 PLACE	OF	DEATH	59	54
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County Montgomey



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 217

...St.;.....Ward)

[if death occurred in a hospital or lastitution, give its NAME instead at street and number.]

le.	FULL NAME Frances Brokle	give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Color or race   5 single, Married, Widowed, Or Divorced (Write the word)	16 DATE OF DEATH 6 13, 1915. (Month) (Day (Year)
6 D	May 6 , 1592 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  (c) 5   1914, to 6   14   1914.  that I last saw h 2 alive on 6   14   1914.
7 A	(-5.17)	and that death occurred on the date stated above, at
(a pa (b) bus	CCUPATION ) Trade, profession, or rificular kind of work.  General nature of industry, siness, or establishment in ich employed (or employer)	Rosperten delvas ky milioga on 4/2/14, 7 Fine Com child
9 B	10 NAME OF FATHER Thomas Buker  11 BIRTHPLACE	Contributory Secondary  (Doration) yrs mos ds.  (Signed) J.B. M.D.  Left (Address) Sandy Spin
ARENT	OF FATHER (State or country)  12 MAIDEN NAME / Gary, Bond OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
<u> </u>	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	(Informant) D. Coleb Cory	It not at place of death?  Former or  usual residence
1 6 Fil	ed 6-14-, 1914 Clas Forgelor REGISTRAR	Sandy Spring: 6/15 ,191.9.  20 UNDERTAKEN ADDRESS  Dro H. Snowden Burghto m.
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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	ry item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta JSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is veroctant. See instructions on back of certificate.
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> 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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### STATE OF MARYLAND CERTIFICATE OF DEATH

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	fit doubt accurre

St: Ward)

It death occurred in a bospital or institution, give its NAME instead

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MEDICAL CERTIFICATE OF DEATH			
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18 LENGTH OF RESIDENCE	FOR HOSPITALS,	INSTITUTIONS,	TRANSIEN
At place	In the		
of death yrs mos,		yrs,n	108
Where was disease contracted,			
It not at place of death?	***************************************		
usual residence	,	************	****
19 PLACE OF BURIAL OR	REMOVAL	DATE OF BU	JRIAL
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20 UNDERTAKER	13	ADDRESS	
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ampie: Meastes (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

WRITE

CAUSE OF Important. S

N.B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TDEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH

5957

County Montgouly.



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 220

Village or City Deausulle (No. ,	St.: Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, MOUSE ON ORDIVORCE (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17  I hereby Certify, That I attended deceased from
TAGE  White the second control of the second	that I last saw h alive on 191 , 191 and that death occurred on the date stated above, at 300 , m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Drofferd dead start out half hacks by fore & Saw Ray)  (Ouration) yrs mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF FATHER  12 MAIDEN NAME OF MOTHER  14 MOTHER  15 MOTHER  16 MOTHER	Contributory Secondary  (Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) May and,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
(Informant) Alle To THE BEST OF MY KNOWLEDGE  (Informant) Ellingen, Md  (Address) Ellingen, Md  Filed 6/22, 1914 J. M. Philips  REGISTRAR	If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Bannesville MA  20 UNDERTAKER  1. 7. Hillout Jone Bannesville MA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septiehaeample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of State cause for



PHYSICIANS should of OCCUPATION 1s RECORD PERMANENT prope supplied UNFADING certificate. ō back 5 instructions plai 2 DEAT o Item OF mportant. ш Every œ.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred la Village or City St.;....Ward) a hospital or lostitution, give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day, .....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted, If not at place of death?... Former or

usuai residence.

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REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, I'or many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) State cause for



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### should state OCCUPATION IS PHYSICIANS RECORD ō Exact statement PERMANENT EXACTLY. stated properly classified. 4 pe pinous THIS AGE INK carefully supplied. may be UNFADING See instructions on back of certificate. so that it PLAINLY, WITH pe DEATH in plain terms. should Information WRITE ō Item FO Important. Every Ite

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DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or particular kind of work...

(b) General nature of Industry, business, or establishment in which employed (or employer) .

9 BIRTHPLACE (State or contry)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

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MARRIED. WIDOWED, ORDIVORCED (Write the word)

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Walto., Requesting V. S. No. 1.

4 COLOR OR RACE

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STATE OF MADVIAND

W	CERTIFICATE OF DEATH
Ro	Registration Dist. No. 223  Md. 110 Willow ave.  St.; Ward)  Fetts  Registration Dist. No. 223  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF DEATH
ried	16 DATE OF DEATH June 27 , 1914 (Month) (Day (Year))  17 I HEREBY CERTIFY, That I attended deceased from
852 (Year) ESS than y,hrs,	that I last saw har alive on forme 27, 1914, and that death occurred on the late stated above, at //359 m, The CAUSE OF DEATH* was as follows:
min. ?	Janemana
	Contributory Secondary  (Duration)  yrs 6 mos. ds.  (Duration)  yrs mos.// ds.
-0	(Signed)  (Address)  (
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
•••••	Former or usual residence
TRAR	Wock, leveck. Wash. D. June 29, 1914  20 UNDERTAKER  Jahnel Vrightled 1337 - 10st. 200

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac ctc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for



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RECORD PERMANENT EXACTLY. IS UNFADING INK-THIS AGE supplied. carefully WITH should PLAINLY, ō

state Very ... PHYSICIANS should of OCCUPATION Exact statement properly classified. pe may

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PARENTS

16 Filed.

DATE OF BIRTH

BOCCUPATION

1 PLACE OF DEATH

Markannen

5960

(Year)

If LESS than

1 day hrs.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	2-19	

Ci.	Ward

Ilf death occurred in a hospital or lustitution. give its NAME instead of street and number.]

2FULL NAME

S SINGLE,

MARRIED. WIDOWED,

ORDIVORCED (Write the word)

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PERSONAL AND STATISTICAL PARTICULARS

(Month

4 COLOR OR RACE

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MEDICA	L CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Zum	10	_ 191 U
	(Month)	(Day	(Year)
17 Soc 27	BY CERTIFY, That	I attended de	ceased from
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that I hat saw h www.	alive on	W 10	, 191
and that death occurred	on the date state	d above, at_	130 An
The CAUSE OF DEATH			. /
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Charles Ha	mortiages	*************	
	WASTI KON TO	***************************************	
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(Signed)	rau.	) \ =	
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*State the DISEASE CAUSES, state (1) MI TAL, SUICIDAL, or HOS		or, in deaths fand (2) whet	rom VIOLES
18 LENGTH OF RESIDE	NCE (FOR HOSPITAL	s, Institutions	, TRANSIENT
OR RECENT RESIDENTS	in the		
of death yrs me			mos
Where was disease contracted if not at place of death?	1,	***************	
Former or usual residence	/ `		
19 PLACE OF BURIAL	OR REMOVAL	PATE OF	BURIAL
Colin Ich	u Mid.	June	13" 191
20 UNDERTAKER		DDRESS	
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(a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) ----9 BIRTHPLACE (State or country) Nam 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

certificate. 9 0 DEATH in plain terms. See instructions on back WRITE CAUSE OF

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question "Mauager," "Dealer," etc., without more precise speci-Groecry; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeinus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc, when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, ctc., of...... (name origin; "Can The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN V. S. No. 1.

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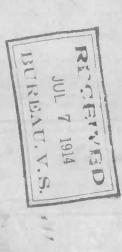
1 PLACE OF DEATH	STATE OF MARYLAND
county Montgomery &.	CERTIFICATE OF DEATH
County Country Co	
DO 01/21 100	Registration Dist. No. 7/6
Village or City o herry Chase Mari 13 4	Villiams Lane Ward) [It death occurred in
	a hospital or institution, give its NAME Instead
14 Land Bud	of street and number.]
2FULL NAME COUNTY	awa ungson
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH,
3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH
To I with mountain vingle	(Month) (Day (Year)
Male 7 Me (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	May 1910, to June 1914
May 0, 1898	(h. 51 /
7 AGE (Month) (Day (Year)	that I last saw/h. La alive on
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above at
yrs mos ds. OR min,?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Tracture of bose of spull
(a) Trade, profession, or particular kind of work	Good and
(b) General nature of industry,	- werental fact
business, or establishment in which employed (or employer)	(Duration) / yrsds.
9 BIRTHPLACE	Contributory meningitis +
(State or country)	Secondary  Lessure (Buretien)
10 NAME OF	(Duration) yrs 6 mos ds.
FATHER Frank Timbon	(Signed) T, O Jarasol M. D.
11 BIRTHPLACE	Jane 7 191 4 (Address) Wash, A. E.
State or country) Fairfax Co. Aa	
OZ 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Frace Jones	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER P.	OR RECENT RESIDENTS) Al place In the
(State or country)/runce / tellam os Ha	of death yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) mso. Trank Junison	Former or .
Chair Chan the	usual residence
(Address). O Merry O Mase, Ma	19 PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL
16	30 John Crien Couley of June 1, 191
Flied June 7-1914 Mod K Leonad M.J.	20 UNDERTANES
If more blanks are needed, address State Regist	W. A. sunfrey Voty lockville M.
at the blanks are needed, address State Regist	mar. 6 E. Franklin St., Calto Pagnosting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic scrvice for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Juanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory tetanus) may be stated under the head of Always qualify all discases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



RECORD

PERMANENT

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

15

120

Village or City Junt Sem (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 222  St.; Ward)  St.; Ward)  If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	snd that death occurred on the date stated above, at
OF FATHER OF COUNTRY)  10 NAME OF FATHER OF EACH L. CUISON  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  The Above Is TRUE TO THE BEST OF MY KNOWLEDGE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients of Recent Residents) Af place in the of death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) That Jens	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

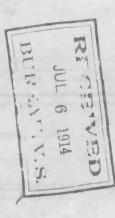
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL poritonitis," etc. State cause for "Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciaccidental, suicidal, or momicidal, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report



Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very ant. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS PLAINLY, WITH

V. S. No. 1.

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1	PLACE	OF	DEA
	Man	6	1012

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

It death occurred in

FULL NAME Charlette Men	give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Exerced (Stingle, Married, Mornell Orbitocher)	(Month) (Day (Year)
Month) (Day (Year)  7 AGE   It LESS than 1 day,hrs.	that I last saw held alive on the date stated above, at
9 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Buration) yrs. 2 mos. ds.
(State or country)    10 NAME OF FATHER   CARROLLY	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) In know  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Philips Gare	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) 9 0 Chrille Md  16 Filed 191 Registran	19 PLACE OF BURIAL OF REMOVAL  Acar Pockville Md Jusu 9, 1914  20 UNDERTAKER  M. OR Pumpskrey  Rockville Md

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. additional line is provided for the latter statement; ness of various pursuits can be known. The question gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," cte., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold dueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse" "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the "Hears failurc," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head (Recommendations on statement of (secondary), 10 ds. Never report 0



B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

1 LAGE OF BEATH	STATE OF MARTEAND
county Minly othery	CERTIFICATE OF DEATH
Stammont Sanatorn	Registration Dist. No. 2/8
Village or City Nashington grown Md.	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME Miss Dannie	Legree
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Ly Lite Single, Single MARRIED, WIDDER, ORDIVORCED (Write the Word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
March 14, 1880	that I last saw h
(Month) (Day (Year)	and that death occurred on the date stated above, at 100 m.
34 yrs 3 mos. 2 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.	Pulmonary Pulm culums
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Viranua	Gontributory Cax Accusting
10 NAME OF P. L. Type	(Signed) Joseph White M. D.
11 BIRTHPLACE OF FATHER (State or country)	January (Address) Dannaly 2nd
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MAIS BM COAKA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Wissouri	of Recent Residents) At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disoase contracted, it not at place of death?  Former or
(Address) Hashington Grove Mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jens 16, 1914 6. 2. Etching 20, 10 REGISTRAR	20 UNDERTAKER ADDRESS Lauthresburg
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

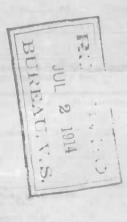
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[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-



RECORD PERMANENT DEAT OF ш

HYSICIANS should of OCCUPATION IS mportant. CAUSI

### STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL\_CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED, (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h. allve on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duratien) which employed (or employer) ..... 9 BIRTHPLACE (State or country 10 NAME OF FATHER. OF ATHER (State or country) PARENTS \*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) OF MOTHER (State or country) At place ... mos. State .... yrs. .. Where was disease contracted. If not at place of death? @Egreer or usual residence DATE OF BURIAL 15 20 MNDERFEK ADDRE Filed. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tiou is very important so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return Precise statement of occupa-"Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In all each time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis. sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning, Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles affection used not be stated unless important. etc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Inmor" for malig-Always qualify all diseases resulting from "Senile," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," "PUERPERAL septichae-"Exhaustion," Never report



FOR BINDING RESERVED MARGIN

S. No. 1.

N. B.

RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

PLACE OF DEATH Monto

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/d/

Ilf death occurred in a hospital or institution, give Its NAME Instead of street and number.]

-FULL NAME	y Andrews Wilder
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mace Hule Single, MARRIED, WIDOWED, ORDIVORCED (Write the Word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
(Month) (Day (Year)	that I last saw h alive on
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, atm,
0 yrs os ds. ORhrs. ORhrs.	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Corn on June 10 1914
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos, ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Richard J. Mard.	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME DESTE MUSICA	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
- Total Care and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) Bertie Muellean	Former or usual residence
(Address) Lay shell no	19 PLACE OF BURIAL REMOVAL PATE OF BURIAL
Filed June 10, 1914 Mrs Rrown	20 yndertaker Address
REGISTRAR	Im Jumphrey Ruckville
If more blanks are needed, address State Regist	

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberouless of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." iujnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), mere symptoms or affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, thre of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) "Dropsy," "Exhaustion," death), 29 ds.; State cause for Never report Ex



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PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 210

St.;Ward)	[It death occurred in a hospital or institution, give its NAME instead
	ot street and number.]

Lay love mille

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. 1912 WIDDWED, (Month) (Year) ORDIVORCED (Write the word) i HEREBY CERTIFY. That I attended deceased from 17 that I last saw hand alive on Att (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE Contributory (State or country) Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) Daylonstille ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNY; und (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_ Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

REGISTRAR

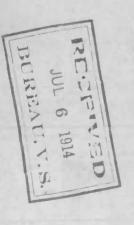
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salcsman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for "Exhaustion," Ex-



V. S. No. 1.

inted EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. N. B.—Every Item of Information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified, important. See instructions on back of certificate. IS UNFADING INK-THIS WRITE PLAINLY, WITH

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5966 ACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

[if death occurred in a huspital or institution, give its NAME instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  1 hereby certify That I ettended deceased from
6 DATE OF BIRTH  (Month) (Day (Year)	that I lest eaw h & elive on \( \text{G"} \), [9]
TAGE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 12:25 mm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or perticular kind of work.  (b) General nature of industry,	Livan Tremmonia.
business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country.)	Contributory (Ouration) yrs. mos. ds.
10 NAME OF STATHER STATE	(Signed) (Beration) yrs mos ds.  (Signed) , M. D.  (Mulican A, 191 & (Address) lower year.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the of deathyrs,mosds. Stateyrs,mosds Where was disease contracted.
(Inturment) (Inturment)	If not at place of death?————————————————————————————————————
(Address)	PLACE OF BURIAL OF REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
REGISTRAR	W Krimeline Warthile Wa

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional iinc is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)

